



**DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE FACILITY
LICENSURE & CERTIFICATION
99 Chauncy Street
Boston, MA 02111**

ADULT DAY HEALTH: LICENSURE APPLICATION CHECKLIST

Submit this form as a cover sheet, together with all required attachments and supporting documentation, when making an application for initial licensure or licensure resulting from a change in ownership. Submit your completed application with attachments to:

Licensing Coordinator
DPH, Division of Health Care Facility Licensure and Certification
99 Chauncy Street, 11th Floor
Boston, MA 02111

1. _____
Program Name (name by which you will do business)

2. _____
Program Address (Street, City/Town, ZIP)

3. _____
Applicant Point of Contact (name of person DPH should contact regarding this application)

4. _____ 5. _____
Point of Contact's Phone Number Point of Contact's Email Address

RESPONSE KEY:

Y = Yes/Attached

N = No/Not Attached

N/A = Not Applicable

	PROGRAM	DPH ONLY SCREEN	DPH ONLY REVIEW
Initial Licensure/Suitability/Notice of Intent to Acquire Form			
• Local Fire Inspection Certificate			
• Local Certificate of Occupancy			
• Application Fee			
• CORI Release Forms			
• Listing or Resume – as required under Question E.1			
• Documentation of pending change of ownership – if applicable			
• Additional Disclosure Form – if applicable			
Program Capacity Form			
• Floor Plan			
Clinical Attestation Form			
• ADH Approved Tests Request Form – if applicable			
• CMS Form 116 – if applicable			
• Board of Health Kitchen Approval – if applicable			
• Waiver Request(s) – one form per request if applicable			
• Plan for Compliance (Existing Programs Only) – if applicable			
HCFRS Enrollment Form A – VG Services Agreement			
HCFRS Enrollment Form B – VG Access Administrator			
HCFRS Enrollment Form C – HCFRS Facility Agreement			
HCFRS Enrollment Form D – HCFRS User Agreement			